



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4777

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 10/752,232 | FILING DATE 01/06/2004 RULE | CLASS 002 | GROUP ART UNIT 3765 | ATTORNEY DOCKET NO. WD-314J |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

James P. Lattari, Attleboro, MA;

** CONTINUING DATA ***** NONE GLW

** FOREIGN APPLICATIONS ***** NONE GLW

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 08/07/2004

| | | | | | |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>GLW</i> | STATE OR COUNTRY MA | SHEETS DRAWING 5 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 5 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

Landiorio & Teska
 260 Bear Hill Road
 Waltham, MA
 02451-1018

TITLE

Protective glove with improved coiled wrist strap

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 471 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|